

OLD AGENCY DISTRICT

45644 Veterans Memorial Drive

PO BOX 766

Agency Village, SD 57262

(605) 698-7747 Office

(605) 698-4216 - Fax

APPLICATION FOR COVID ASSISTANCE

<input type="checkbox"/> Hardship	<input type="checkbox"/> Fund Match	<input type="checkbox"/> Funeral	<input type="checkbox"/> Youth Membership	<input type="checkbox"/> Adult Membership	<input type="checkbox"/> Medical
<input type="checkbox"/> Relinquishment	<input type="checkbox"/> Home Repair	<input type="checkbox"/> College Graduates	<input type="checkbox"/> High School	<input type="checkbox"/> Youth School	<input type="checkbox"/> District Days
First Name	Middle Name	Last Name			
Date of Birth	Enrollment Number	HARDSHIP REQUEST: Youth [] [] Adult 18-54 [] Elder 55 +			
Current Address			City	State	Zip Code
Please Check best contact number.	[] Home Phone	[] Cell Phone	[] Work Phone		
Physical address to home if different mailing address:					
Mother's Name (Maiden Name)	District	Father's Name	District		
Maternal Grandmother	District	Paternal Grandmother	District		
Maternal Grandfather	District	Paternal Grandfather	District		
Name of Child(ren)	Date of Birth	Grade	Name of School		
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					



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Home Repair

Have you ever received home repair assistance before? ___ Yes ___ No
If yes, from who, when and home repaired.

Applicant's Signature

Date

OFFICE USE ONLY:

Home Repair Verification: I hereby verify that the home repairs were complete on _____,
and that I did take pictures of the work completed and submitted to the Executive Committee.

Inspector's Signature

Date

Approved:	Disapproved:	Check No:
District Chair Signature		District Vice-Chair Signature
District Treasure Signature		District Secretary Signature
Reason why disapproved:		